

• CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

** May be used for additional claims or amendments*

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Total Indep	Total Depend	Total Claims		
	Indep	Depend	Indep	Depend	Indep	Depend					
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
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41							91				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				